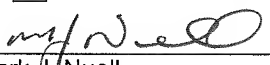


|                                                                                                                                                                                                  |                                           |                                         |                                   |          |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|----------|------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>                                                                                                                                                              |                                           |                                         | Docket No.<br>0020-5458PUS1       |          |      |
| Application No.<br>10/563,361-Conf. #8791                                                                                                                                                        | Filing Date<br>January 4, 2006            | Examiner<br>Not Yet Assigned            | Art Unit<br>N/A                   |          |      |
| Applicant(s): Ken-ichi WATANABE et al.                                                                                                                                                           |                                           |                                         |                                   |          |      |
| Invention: NOVEL HETEROARYL DERIVATIVE                                                                                                                                                           |                                           |                                         |                                   |          |      |
| <b>MS Amendment</b><br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450                                                                                                    |                                           |                                         |                                   |          |      |
| Transmitted herewith is an amendment in the above-identified application.                                                                                                                        |                                           |                                         |                                   |          |      |
| The fee has been calculated and is transmitted as shown below.                                                                                                                                   |                                           |                                         |                                   |          |      |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                         |                                           |                                         |                                   |          |      |
|                                                                                                                                                                                                  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate     |      |
| <b>Total Claims</b>                                                                                                                                                                              | 11                                        | - 17 =                                  | 0                                 | x 50.00  | 0.00 |
| <b>Independent Claims</b>                                                                                                                                                                        | 1                                         | - 3 =                                   | 0                                 | x 210.00 | 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>                                                                                                                         |                                           |                                         |                                   |          |      |
| Other fee (please specify):                                                                                                                                                                      |                                           |                                         |                                   |          |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                  |                                           |                                         |                                   |          | 0.00 |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>                                                                  |                                           |                                         |                                   |          |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                            |                                           |                                         |                                   |          |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                       |                                           |                                         |                                   |          |      |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.                                                                                                                          |                                           |                                         |                                   |          |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                      |                                           |                                         |                                   |          |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                           |                                         |                                   |          |      |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                      |                                           |                                         |                                   |          |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                             |                                           |                                         |                                   |          |      |
| <br>Mark J. Nuell<br>Attorney Reg. No.: 36,623                                                                |                                           |                                         | Dated: February 13, 2008          |          |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>12770 High Bluff Drive<br>Suite 260<br>San Diego, California 92130<br>(858) 356-5959                                                                     |                                           |                                         |                                   |          |      |